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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 109400022		CITY	OR TOWN	SEEKONK	
APPLICATION FOI	R RENEWAL:	Season CLAS		LICEN	SED FOR 20)15 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 1520 FA	A					
CITY/TOWN: SEE	EKONK	STATE:	MA ZI	P CODE:	02771	
MANAGER: KIAL ALE	MOS, TYPE XANDROS K.	OF LICENS	SE:Restaurant	C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
ONE FLOOR; DINING CELLAR. I hereby certify and s 1. the renew 2. the licens	LICENSED PREMISE G ROOM, KITCHEN, THe swear under penalties of yed license will be of the ee has complied with all ses are now open for but	REE LAVS., f perjury that e same type f l laws of the	: For the same pr Commonwea	remises now lth relating to	licensed;	0
SIGNED BY	Individual, Partner or	Authorized	Corporate Of	ficer		
Acts of 2004, signed	TELEPHONE : d, attest that we are in d by the building inspe	possession	(1) the certifi e head of the	Note: <u>NOT</u> Ind cate require fire departi	ment for the	er 304 of the above
of 2010.	(2) the certificate of lie	quoi naviiit	y msurance i	equired by	Спариет 110	of the Acts
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOC By:	AL LICENS	SING AUTHO	DRITY
DATE:						

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	109400071		C	TY OR TOWN	SEEKONK	-
APPLICATION FOR	RENEWAL:	Seaso	nal	LICEN	SED FOR 20)15
		CLA	SS			YEAR
LICENSEE NAME:	RWJ BEVERAGE (M	IA) LLC				
DOING BUSINESS A	RWJ BEVERAGE					
ADDRESS 175 HIGH	LAND AVENUE					
CITY/TOWN: SEEK	ONK	STATE:	MA	ZIP CODE:	02771	
MANAGER: REAR MICH		OF LICEN	SE:Packaş	ge Store C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
2. the licensee	09,000 SQ FT WITH O	ne main e perjury that same type I laws of the	it: for the sar e Common	ne premises now wealth relating to	licensed;	L EXITS
SIGNED BY	Individual, Partner or	Authorized	l Corporat	e Officer		
DATE:	TELEPHONE I	NUMBER:		EMPLOYER (Note: <u>NOT</u> Inc		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)			LOCAL LICENS By:	SING AUTHO	ORITY
DATE:						

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 109400074	CITY OR TOWN SEEKONK					
APPLICATION FOR RENEWAL:		Seasonal	LICEN	LICENSED FOR 2015			
		CLASS			YEAR		
LICENSEE NAME:	: COMMOLI MAN	NAGEMENT GRO	UP INC				
DOING BUSINESS	S A DICKEY'S BAI	RBEQUE PIT					
ADDRESS 20 COM	MERCE WAY						
CITY/TOWN: SEI	EKONK	STATE: M	ZIP CODE:	02771			
	MOLLI, TY UGLAS	YPE OF LICENSE:	Restaurant C.	ATEGORY:	Wine and Malt Regular		
EMAIL ADDRESS	:						
	YOUR EMAIL ADDRESS IS	S REQUIRED. PLEASE PRIN	T CLEARLY.				
DESCRIPTION OF LICENSED PREMISES:							
	2500 SF FAST FOOD REST LOCATED IN STRIP MALL. ONE FRONT DOOR AND ONE BACK DOOR						
I hereby certify and	_			1. 1			
			the same premises now				
	•		ommonwealth relating to	o taxes; and			
3. the prem	ises are now open fo	or dusiness (II not e	xpiain below)				
SIGNED BY	Individual, Partne	er or Authorized Co	orporate Officer				
DATE:	TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER:		
			(Note: 1401 III)	iividuai Sociai S	ecurity Number)		
Acts of 2004, signe	ed by the building i	nspector and the h	the certificate require lead of the fire depart nsurance required by	ment for the	above		
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY		
APPROVED:			Ву:				
DISAPPROVED: [(If disapproved expl	lain)						
DATE:							

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1094	00075	CITY OR TOWN SEEKONK
APPLICATION FOR RENI	EWAL: Seasonal	LICENSED FOR 2015
	CLASS	YEAR
LICENSEE NAME: JCM	PETROLEUM, INC.	
DOING BUSINESS A		
ADDRESS 822 FALL RIV	ER AVENUE	
CITY/TOWN: SEEKONK	STATE: M	A ZIP CODE: 02771
MANAGER:	TYPE OF LICENSE:	Package Store CATEGORY: Wine and Malt Regular
EMAIL ADDRESS:		
YOUR EN	MAIL ADDRESS IS REQUIRED. PLEASE PRIN	T CLEARLY.
DESCRIPTION OF LICEN		
GAS STATION, CONVENIEN	NCE STORE, QUICK SERVE RES	STAURANT
I hereby certify and swear u	nder penalties of perjury that:	
1. the renewed licer	nse will be of the same type for	the same premises now licensed;
2. the licensee has o	complied with all laws of the Co	ommonwealth relating to taxes; and
3. the premises are	now open for business (If not ex	xplain below)
SIGNED BY		
Indiv	ridual, Partner or Authorized Co	orporate Officer
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		-
DATE:		

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